

Manifest Correction Letter

Date: May 11, 1995

Leo Hartland

DTSC -- GIS Section

P. O. Box 806

Sacramento, CA 95812-0806

Manifest#: 93779016

Dated: 4-6-95

DOUGLAS AIRCRAFT

19503 S. NORMANDIE

TORRANCE CA 90502

Dear Sir,

Safety Kleen Corp. located in Santa Ana, Branch 7-088-05, being the Transporter #1, has noted an error on the above referenced Manifest Document.

Error(s) is/are as follows:

BLOCK B: BLANK

Correction(s) is/are as follows:

S/B HAH 36005698

I have attached a copy of the Manifest in question. Should you require any additional information, please contact me at: (714) 435-0606.

Sincerely,

David L. Barnes
Signature

DAVID L. BARNES
Print Name

Branch Secretary

Safety Kleen Corporation

93779016
IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802: WITHIN CALIFORNIA, CALL 1-800-852-75

GENERATOR

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAD 086510005	Manifest Document No. 82361	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address DOUGLAS AIRCRAFT CO 19503 S NORMANDIE AVE MAIL CODE C6-59 TORRANCE CA ATTN: R. TUELL 90502			A. State Manifest Document Number 93779016		
4. Generator's Phone (310) 533-7926			B. State Generator's ID HIAH Q369 015 6918		
5. Transporter 1 Company Name SAFETY-KLEEN CORP.		6. US EPA ID Number ILD 984908202		C. State Transporter's ID C11122	D. Transporter's Phone 800 669-5740
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID	F. Transporter's Phone
9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 2120 SOUTH YALE ST SANTA ANA, CA 92704			10. US EPA ID Number CAT 000613976		G. State Facility's ID CAT000613976 H. Facility's Phone 714 557-0840
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste Number State EPA/Other
a. WASTE COMPOUNDS, CLEANING LIQUID (MONOETHANOLAMINE) 8 NA1760 PGIII (ERG#60) (D006, D008, D018, D021, D027, D035, D039, D040)		001 DM	00006	G	741 D006
b. RO WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D001) (D006, D008, D018, D035, D039, D040) (ERG#27)		004 DM	00022	G	741 D001
c.					
d.					
Additional Descriptions for Materials Listed Above (A) D018 D039 (A) D040 D021 D027 D035 D008 (B) D039 D018 (B) D006, D008, D035, D040			K. Handling Codes for Wastes Listed Above a. 14 AND 01 b. 14 AND 01 c. d.		
15. Special Handling Instructions and Additional Information 9514 79625885 082361 7-088-05-7187 14 EMERGENCY RESP#708-888-4660 24HR					
SKDOT# A: 566 B: 585 C: D:					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name Robert G. Tuell, Jr.		Signature Robert G. Tuell, Jr.		Month Day Year 04 06 95	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name KEVIN MURPHY		Signature [Signature]		Month Day Year 04 06 95	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name				Signature Month Day Year	

DO NOT WRITE BELOW THIS LINE.